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To: _____ /Via _____
From: _____
Date: _____
Re: Estate Planning

CONFIDENTIAL PLANNING SURVEY AND MEMORANDUM OF SUMMARY

We recognize that this information is of personal nature. All information provided by you will be treated confidentially and will not be disclosed to anyone outside of this office without your permission.

I. 1. GENERAL INFORMATION.

Your Name (for legal documents) _____

Aliases/Nicknames Used on Legal Documents (If different from above): _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Date of Birth _____ Soc. Sec. # _____

Employer _____ Position _____

Marital Status: Married Single Divorced Widowed

Children (Last, First, MI): _____ Age: _____

(Please fill out the family tree on next page)

FAMILY TREE

**Cross Out Class
That Is Not
Applicable**

**Children
or
Brothers/Sisters**

**Grandchildren
or
Nieces/Nephews**

**Great Grandchildren
or
Grandnieces/Grandnephews**

Mother: _____

Father: _____

Deceased _____
Date

Divorced _____
Date

Never Married

STATE OF _____
COUNTY OF _____

My primary planning concerns are:

ESTATE PLANNING QUESTIONS:

1. Do you presently have a **Will** Yes - No
- a **Trust**? Yes - No
- a **Power of Attorney**? Yes - No
- a **Health Care Proxy & Living Will**? Yes - No
2. Are you a U.S. Citizen? Yes - No
3. Are you expecting to receive an inheritance? Yes - No
4. If married, this your **first marriage**? Yes - No
5. Do you have any dependents with **special needs**? Yes - No
6. Would any of your heirs **contest** your wishes? Yes - No
7. Do you have **Long Term Care Insurance**? Yes - No
8. Do you need **Financial Planning**? Yes - No

DOCUMENTS TO PROVIDE (if applicable):

In addition to the information requested, please provide copies of these documents, if you have them:

- Prior Wills and Trusts
-
- Prior Powers of Attorney
-
- Prior Health Care Proxies/Living Wills
- Deeds and Real Estate Tax Bills
- Statements from brokerage accounts
- Long-term care insurance policies

FINANCIAL INFORMATION

1. Do you own a HOME or any other REAL ESTATE?

ADDRESS	NAME(S) ON TITLE	MORTGAGE \$	MARKET VALUE \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you own any other TITLED PROPERTY (car, boat, etc.)?

MARKET VALUE \$

3. Do you have any BANK ACCOUNTS? (Please indicate if account is a C.D.)

NAME OF BANK	NAME(S) ON TITLE	\$ BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Do you have any RETIREMENT FUNDS (IRA's, 401K's, etc.)?

ACCOUNT OWNER	BENEFICIARY	\$ CURRENT VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you own any STOCKS, BONDS or MUTUAL FUNDS?

NAME OF INSITUTION	NAME(S) ON TITLE	\$ CURRENT VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Do you have any LIFE INSURANCE POLICIES and/or ANNUITIES?

POLICY OWNER	INSURED	BENEFICIARY	DEATH BENEFIT
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7. Do you have any other BUSINESS INTEREST/OWNERSHIP?

MARKET VALUE \$

8. Do you have any COLLECTIBLES (antiques, coins, jewelry, etc.)?

MARKET VALUE \$

MARKET VALUE \$

9. Does anyone OWE YOU money (mortgage, personal loan, etc.)?

DESCRIPTION

10. Do you have a SAFE DEPOSIT box?

TITLE ON BOX

11. What is your MONTHLY INCOME?

SOURCE

AMOUNT

TOTAL GROSS ESTATE\$ _____

II. *This Memorandum is a summary of the information required to prepare drafts of estate planning documents for you.*

1. **Disability Documents:** We should prepare a Durable Power of Attorney (for financial matters) that appoints someone to assist you if you become ill, injured or incapacitated.

Please answer the following questions:

(i) **Durable Power of Attorney (financial):** If you were disabled, who would you want to handle your financial affairs?

Primary Agent: _____ Relationship: _____
Address: _____

Alternate Agent: _____ Relationship: _____
Address: _____

Alternate Agent: _____ Relationship: _____
Address: _____

(ii) **Health Care Proxy (medical):** If someone had to make medical decisions for you, who would you select at this time?

Primary Agent: _____ Relationship: _____
Address: _____

Telephone Number: _____ Email: _____

Alternate Agent: _____ Relationship: _____
Address: _____

Telephone Number: _____ Email: _____

Alternate Agent: _____ Relationship: _____
Address: _____

Telephone Number: _____ Email: _____

(ii) **Living Will (please check off yes or no):**

Organ Donations:	Yes	[]	No	[]
Cremation:	Yes	[]	No	[]
Burial:	Yes	[]	No	[]

Do you own a plot? If yes, please use space below to provide the plot and cemetery information:

*Check off here if your agent shall make decisions on the disposition of remains: _____

2. Testamentary Objectives.

(i.) **Takers of Last Resort:** If you should pass, is there anyone you would want to leave your money and assets to? If yes, list the name, relationship and amount (*Optional*)

(ii.) **Bequests:** If you should pass, is there anyone you would want to leave your jewelry to? If yes, list the name, relationship and amount (*Optional*)

(iii.) **Residuary Estate:** If you should pass, how does your residuary estate get distributed?

(iv.) **Potential Fiduciaries:** (Example: Executors, Trustees, etc.)

Primary: _____ (Relationship: _____)

Address: _____

Tel# _____ Email: _____

U.S Citizen (y/n) _____ Green Card Holder (y/n)/ _____

Resident Non-U.S. Citizen (y/n) _____ Non-resident/non-U.S. citizen (y/n) _____

Alternate: _____ (Relationship: _____)

Address: _____

Tel# _____ Email: _____

U.S Citizen (y/n) _____ Green Card Holder (y/n)/ _____

Resident Non-U.S. Citizen (y/n) _____ Non-resident/non-U.S. citizen (y/n) _____

Second Alternate: _____ (Relationship: _____)

Address: _____

Tel# _____ Email: _____

U.S Citizen (y/n) _____ Green Card Holder (y/n)/ _____

Resident Non-U.S. Citizen (y/n) _____ Non-resident/non-U.S. citizen (y/n) _____

Upon Receiving this Planning Survey we will quote a legal fee for services recommended

Please let us know if someone referred you to us that we may thank.

Referred by: _____

Do you have any specific questions?

If not filled out in one of our offices, please return completed survey to us as follows:

1. **Scan and email** to one of our attorneys or staff as directed, or email to either

info@ricafortelaw.com or mtrinos@ricafortelaw.com

